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| Case Number: | CM14-0053953 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 08/26/2013 |
| Decision Date: | 08/25/2014 | UR Denial Date: | 03/21/2014 |
| Priority: | Standard | Application Received: | 04/21/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39-year-old female who reported an injury on 08/26/2013 due to a heavy lifting injury. On 12/19/2013, the injured worker presented with pain in the head, shoulder, forearm, wrist, hand, neck, and upper back. Upon examination of the shoulder, there was tenderness to palpation over the bilateral shoulders with moderate tenderness to the acromioclavicular joint, supraspinatus, infraspinatus, bicipital groove, acromion, and upper trapezius on the left. There was a positive bilateral Kemp's and a positive impingement maneuver on the left shoulder. There was decreased range of motion to the left shoulder. Upon examination of the cervical spine there was tenderness and spasm bilaterally from the C1 all the way to T1 and moderate suboccipital tenderness on the left. There was a positive distraction test bilaterally and a positive foraminal compression and shoulder depression test bilaterally with decreased range of motion to the cervical spine bilaterally. Diagnoses were cervical sprain, thoracic spine, sprain of unspecified site of the shoulder and upper arm, headache, brachial neuritis or radiculopathy, anxiety state unspecified, and insomnia unspecified. The provider recommended a Functional Capacity Evaluation. The provider's rationale was not provided. The request for authorization form was undated.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Two Functional Capacity Evaluation studies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition, Chapter 7, Independent Medical Examinations and Consultations (pp 132-139).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, Functional Capacity Evaluation.

Decision rationale: California MTUS/ACOEM states that Functional Capacity Evaluation may be necessary to obtain a more precise delineation of the injured worker's capabilities. The Official Disability Guidelines further state that a Functional Capacity Evaluation is recommended and may be used prior to admission to a work hardening program with preference for assessment of a specific job or task. Functional Capacity Evaluations are not recommended for routine use. The included documentation lacked evidence of how a Functional Capacity Evaluation will aid the provider in an evolving treatment plan or her goals. There is also lack of documentation of further treatments the injured worker underwent previously and the measures of progress as well as the efficacy of the prior treatments. There was also lack of documentation that the injured worker has failed an attempt at work to warrant an FCE (Functional Capacity Evaluation) at this time to determine restrictions. As such, the request for two Functional Capacity Evaluation studies is not medically necessary and appropriate.